

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017950

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 43

STATE FILE NUMBER

FILED MAY 28 1962

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lamar</u>		c. CITY OR TOWN <u>Lamar</u>	
Length of stay in lb <u>4 Weeks</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Barton County Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>303 W. First St. Terrace</u>	
3. NAME OF DECEASED (Type or print) First <u>EVA</u> Middle <u>FAE</u> Last <u>THOMPSON</u>		4. DATE OF DEATH Month <u>May</u> Day <u>25</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-28-1920</u>
9. AGE (last birthday) <u>41</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ediphone Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lawn Boy Mfg. Co.</u>
11a. FATHER'S NAME <u>Dudley Divine</u>		11b. MOTHER'S MAIDEN NAME <u>Lucy Johnson</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>		13. NAME OF HUSBAND OR WIFE <u>William D. Thompson</u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>metastatic Carcinoma</u> <u>to Bone, lungs, liver</u> DUE TO (b) <u>Cancer of Breasts</u> <u>Left Breast 1954</u> <u>Right Breast 1959</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2+ years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>May 1954</u> to <u>May 25, 1962</u> and last saw her alive on <u>May 25, 1962</u> Death occurred at <u>8:35 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wm T. Bickel, M.D.</u>		22b. ADDRESS <u>Lamar, Mo.</u>	
22c. DATE SIGNED <u>May 26, 1962</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 27, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lako Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>
24. FUNERAL DIRECTOR <u>Konantz Funeral Home Lamar, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>5-26-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Marie Konantz, M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10061

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6961 3:30 AM SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained 5/26/62
M.L. Smith